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CRSP Member Re-Engagement and Case Discharge Policy

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that its Clinically Responsible Service Providers (CRSP), Substance Use Disorder (SUD) programs, and Contracted Providers must initiate re-engagement prior to a case closure for children and adults who never started or are no longer receiving mental health, developmental disability and/or substance use services.

PURPOSE

The purpose of this policy is to provide procedural and operational guidance to DWIHN, Clinically Responsible Service Provider (CRSP), and all staff involved in the re-engagement and ~~case closure~~CRSP Discharge policy functions.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, Contractual Staff, Direct Contracted Network Providers and their subcontractors.
2. This policy serves the following populations: Adults, Children, I/DD, SMI, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: Medicaid, SUD, Autism, Grants, General Fund. **This policy does not apply to MI Health Link population due to their status as MI Health link members and unique requirements of contracts with the Integrated Care Organizations.**

KEYWORDS

1. Case Closure: This is a provider function. A case is closed for clinical or administrative reasons. The case closure process ensures re-engagement and the activities within the "Customer Service (CS) Enrollee/member Appeals Policy" are followed.
2. ~~Dis-enrollment~~Discharge: This is a ~~DWIHN~~CRSP function, see Discharge Policy. It is ~~a~~the process of ~~inactivation of~~inactivating a member's record in the DWIHN data system by virtue of having been terminated from all Lines of Business ~~who~~that have provided services.
3. Enrollment: This is a process by which an eligible person is recorded in the DWIHN data system by virtue of being accepted into a Line of Business
4. Functional impairment means both of the following:
    a. With regard to serious emotional disturbance, substantial interference with or limitation of a minor's achievement or maintenance of 1 or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.
    b. With regard to serious mental illness, substantial interference or limitation of role functioning in 1 or more major life activities including basic living skills such as eating, bathing, and dressing; instrumental living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication; and functioning in social, vocational, and educational contexts.
5. Intellectual/Developmental disability means either of the following:
    a. If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:
        1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
        2. Is manifested before the individual is 22 years old.
        3. Is likely to continue indefinitely.
        4. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
            i. Self-care.
            ii. Receptive and expressive language.
            iii. Learning.
            iv. Mobility.
            v. Self-direction
            vi. Capacity for independent living.
            vii. Economic self-sufficiency.
        5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
    b. If applied to a minor from birth to 5 years of age, a substantial developmental delay

or a specific congenital or acquired condition with a high probability of resulting in intellectual/developmental disability as defined in subdivision (a) if services are not provided.

6. Line of Business: DWIHN has various lines of business a member can be enrolled in, including SUD, Direct Contract Provider and MI Health Link. A member may be enrolled in one or more Lines of Business at any given time. A member may also be enrolled with more than one provider within a Line of Business at any given time.
7. Line of Business Initiation: This is an Access function of acceptance of an eligible member into a Line of Business in accordance with specific processes and procedures. A member may be admitted to one or more Line of Business at any point in time.
8. Re-engagement: Re-engagement activities are targeted at members who have never presented for the start of scheduled services or have withdrawn from participation in the treatment process prior to the successful completion of treatment. The intent is to encourage the consumer to begin or continue receiving services. It is an opportunity to reconnect with a consumer and/or their supports, determine acuity and risk, assess consumer stabilization and medication adherence and to avoid re-hospitalization.
9. Serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:
    a. A substance use disorder.
    b. A intellectual/developmental disorder.
    c. "V" codes in the Diagnostic and Statistical Manual of Mental Disorders.
10. Serious mental illness means a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders are also included if they occur in conjunction with another diagnosable serious mental illness:
    a. A substance use disorder.
    b. A intellectual/developmental disorder.
    c. A "V" code in the Diagnostic and Statistical Manual of Mental Disorders.

STANDARDS

The Clinically Responsible Service Provider (CRSP) is identified as the provider (chosen by the member) responsible for the coordination of the person-centered planning process and the treatment planning process. This includes, but is not limited to, conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provision, conducting periodic reviews, and addendum to the Individual Plan of service when requested by the member or warranted due to changes in level of need or significant life events.

~~I. CRSP RE-ENGAGEMENT~~

CRSP RE-ENGAGEMENT

1. The CRSP is required to monitor their members' activity within their own Electronic Medical Record (EMR) or member's chart on an ongoing basis. It is the CRSP's responsibility to identify members that have not been seen/contacted within 60 calendar days. This applies to SED, SMI and IDD populations. SUD members that have not had face-to-face contact within 45 calendar days are determined to be inactive and may be considered eligible for ~~disenrollment~~discharge.
2. The CRSP is responsible for attempting to re-engage members that have withdrawn from participation in the treatment process. Re-engagement is an opportunity to reconnect with a member and/or their supports, determine acuity, determine risk, ensure medication adherence, ensure stabilization, and reduce hospital recidivism. Based on circumstances, re-engagement activities must include a combination or repetition of outreach activities. These activities must comply with HIPAA guidelines and prior contact permissions that the member/guardian has granted in order to maintain member privacy rights.
3. If a member has been ~~disenrolled~~discharged from services~~,~~ but ~~re-engages~~reengages in services before the 90th calendar day of disengagement, the member must be reopened for services.
4. If a member has not been ~~disenrolled~~discharged from services, but has disengaged from services for 90 calendar days or more and has completed an Initial Integrated Biopsychosocial Assessment, a Re-Engagement Integrated Biopsychosocial Assessment ~~should~~must be completed to re-engage the member back into services.
5. All attempts to re-engage the member must be documented in the comprehensive clinical record. Appropriate Consent for the Release of Information ~~may be~~is required. It is the responsibility of the assigned CRSP to ensure that outreach and re-engagement efforts are clinically appropriate and tailored to the individual needs of the member. Outreach attempts ~~should~~must be made on a weekly basis over the span of 60 calendar days before dis-enrollment. Specifically for Home-Based Therapy and Wraparound for children/youth 0-21 years of age who are designated SED or I/DD, outreach and re-engagement efforts must be made for 30 days. It is required that a combination of no less than five (5) attempts be made using the following outreach activities~~.~~:
    a. Contact the person/legal guardian by telephone/electronic communication at least three times when the person is expected to be available (e.g., after work or school).

Text messaging is allowable with a signed consent from the member/Guardian;

b. Contact the person/legal guardian or a natural support person face-to-face, if telephone contact is insufficient to locate the member ~~(N/A SUD);~~.

c. Send a re-engagement letter to the current or most recent address requesting contact, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues. The provider will include a copy of the letter sent in the comprehensive clinical record and uploaded into MHWIN:

d. Phone and/or Mail (standard or electronic) communication to the emergency contact or natural supports (when an appropriate consent for release of information is available) except when this communication is contraindicated due to safety concerns (N/A SUD);

6. Outreach attempts ~~need to be inclusive of~~must include reviewing significant events such as~~:~~ admission for ~~in-patient~~inpatient services, a behavioral health crisis, refusal of prescribed psychotropic meds, and release from county jail or detention facility before ~~dis-enrollment~~discharge is established. A case should not be closed for a member where the member lacks insight into their illness and that is the suspected reason for disengagement or treatment refusal in which case, the CRSP and their team need to explore court-ordered treatment (AOT) options as appropriate and/or options to explore guardianship if they have evaluated their decisional capacity at multiple levels and identify them as needing support.
7. Members on a current AOT order have been determined to lack insight into their illness and/or recognize the need for treatment. For this reason a member who is on an AOT order must not be closed and outreach attempts to engage the member need to be followed. If attempts to re engage the member fail, a transport order needs to be completed to ensure member safety, and an evaluation of psychiatric stability must be completed.
8. Use community-based outreach methods such as home visits, wellness checks, and peer-led engagement. Persons served who are not engaging in outpatient services but continue to need higher level of care (HLOC) services should be outreached by establishing contacts during their crisis (HLOC) episode. This should be used to develop rapport, improve transitions. Use of care co-coordinators/case managers and peers should be considered. Follow-up reminders should be used to ensure care is not dropped.
9. After unsuccessful re-engagement efforts, the CRSP is responsible for generating and sending out an **Advance Adverse Benefit Determination** letter to the last known address of the member/guardian, and this information must be documented as part of the HIE. The **Advance Adverse Benefit Determination** letter is available in MHWIN under the **Consumer Notification** tab and ~~should~~must be mailed to the member ~~within~~ at least 10 calendar days prior to the documented effective date of the action. This document ~~can~~must be created using the Consumer Notification module in MHWIN. If the provider does not have the capability to have the notice shared with DWIHN via the Health Information Exchange (HIE) process, the CRSP must go to MHWIN.com and enter the information manually. Please note that this letter ~~is to~~must be sent to the consumer/guardian ten days prior to the termination date for Medicaid members and 30 calendar days prior to the termination date for the Uninsured/Underinsured population
10. Discharge occurs when the CRSP has successfully completed the minimum of 5 re-engagement attempts, (excluding members on an AOT order). The discharge is documented in

the CRSP electronic medical record (EMR) and the CRSP is required to discharge the ~~consumer~~member utilizing the Open Consumer No Service List in MHWIN.

11. Provide evidence-based, recovery-oriented, trauma-informed, and person-centered approaches for engaging individuals who are non-engaging or non-compliant with behavioral health treatment and follow Practice Guidelines for engaging non-engaging members.

~~II. CASE CLOSURE~~

CASE CLOSURE

It is the responsibility of the CRSP to perform case closure and complete the CRSP Discharge Records link via MHWIN. Discharge from one Line of Business does not affect admission status in another. A case should not be closed for a member where the member lacks insight into their illness and that is the suspected reason for disengagement or treatment refusal in which case, the CRSP and their team need to explore court-ordered treatment (AOT) options as appropriate and/or options to explore guardianship if they have evaluated their decisional capacity at multiple levels and identify them as needing support. Final discharge and case closure can occur for any of the following reasons and should be taken into consideration:

1. ***Clinical Factors:***
    a. Lack of Contact: The individual has never received services following the intake or has disengaged in services for more than 60 calendar days for ~~SED,~~ SMI, and IDD members, 30 days for SED/IDD children and youth or 45 calendar days for SUD.
    b. Member Did Not Have a Face-to-Face Assessment with a Behavioral Health Professional: If the member/legal guardian was never seen for a face-to-face assessment by a mental health professional following determination of eligibility, the case is to be closed after all re-engagement activities have been exhausted.
    c. Further Treatment Declined: A member's episode of care must be ended if the member/ legal guardian declines continued behavioral health services. Prior to ending the episode of care, the CRSP must ensure the member **does not meet** clinical standards for initiating a pre-petition screening or petition for treatment process (N/A SUD).
    d. Completion of Treatment: An individual's episode of care must ~~be ended~~end upon completion of treatment. Prior to ending the episode of care, the behavioral health provider and the member/legal guardian must mutually agree that behavioral health services are no longer needed.
2. ***Administrative Factors***
    a. Enrollee/Member No Longer Meets Eligibility Requirements:
        i. Member/Enrollee no longer meets clinical or program eligibility requirements of DWIHN's Priority Populations. (See Procedure and Form for LOC2 Exceptions for Individual with MI attachment). Pregnant women in the Infant Mental Health (IMH) program are to be excluded.
        ii. ~~Member~~The member's benefit plan or lack of benefit coverage does not

allow for the continuation of services. This is applicable only to the mild/moderate population including SUD members.

iii. For SUD members/enrollees, DWIHN will identify monthly all members/enrollees who have not had a service claim within 45 calendar days. If a SUD client has not had a face-to-face within 45 calendar days, their case must be closed on their last date of service.

3. ***Relocation***
    a. ~~Individual~~The individual is relocating outside of the state
    b. ~~Individual~~The individual is relocating to an independent setting within the state ~~to an area~~, outside of the DWIHN region, and wishes to receive ongoing behavioral health services from a different PIHP.

4. ***Indefinite Confinement***
    a. Confirmation that an individual, aged 18 or older is to be confined for a year or more to a jail/state penal institution. Individuals who are part of the "Early Release Program" or the "Administrative Jail Release Program" are an exception and would remain with DWIHN (N/A SUD);
    b. If a youth is confined to a Juvenile Justice residential facility beyond a period of 1 (one) year, their case will be ~~disenrolled~~dis-enrolled. (N/A SUD)
    c. Confirmation that an individual is indefinitely confined to a nursing home (N/A SUD).

5. ***Member Deceased***
    a. Confirmation that the individual is deceased requires disenrollment from all Lines of Business, to be effective on the date of the death. Notification should be made to DWIHN's Quality and Recipient Rights department.

Note: **If there are any other factors that are not included in the aforementioned list for closure consideration, it is the responsibility of the CRSP to notify DWIHN's UM Department.**

~~**CRSP Discharge Records: Prior to the member's disenrollment process, the CRSP is to complete the CRSP Discharge Record via MHWIN within 14 calendar days from when the member was discharged from the CRSP and a copy of the Discharge Summary uploaded to MHWIN, as well as a copy provided to the member that is being discharged and/or Guardian. (The CRSP Discharge Records link is found in the Clinical Services section of the members chart within MHWIN). *** Note: This procedure is only to be completed for SED/SMI/IDD disability designations.**~~

~~Individuals that are discharged from all lines of business will show up in the MHWIN Open Consumer No Service List and will prompt the initiation of the disenrollment process by DWIHN.~~

~~***Note: Should a member show up in the MHWIN Open Consumer No Service List that does not belong to the CRSP, it is the CRSP's responsibility to notify the Access Center immediately.***~~

CRSP Discharge Records:

1. The CRSP will complete a discharge summary, upload the discharge summary to MHWIN and add the CRSP Discharge Record located in the Clinical Services menu of the member chart in

MHWIN.

2. The CRSP will then discharge the member from MHWIN utilizing the discharge option found in the Open Consumer/No Service menu in MHWIN. When completing this discharge, the CRSP will be prompted to also complete a BH TEDS discharge that is attached to the form. Once this discharge is complete, the member is no longer enrolled in Detroit Wayne Integrated Health Network.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of CRSPs, and contracted providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, CRSPs, and contracted providers are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Pursuant to the requirements of the Balanced Budget Act (BBA) of 1997.
2. Michigan Mental Health Code (258 PA 1974).
3. Michigan Department of Health and Human Services Medicaid Provider Manual.
4. Michigan Department of Health and Human Services/CMHSP Managed Mental Health Supports and Services Contract.

RELATED POLICIES AND PROCEDURES

1. DWIHN Customer Service Enrollee/Member Appeal Policy
2. DWIHN Member Grievance Policy
3. DWIHN SUD Recipient Rights Policy
4. Michigan Mission Based Performance Indicator #4a.
5. CRSP Discharge Policy

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

CRSP Policy- Transition Document for LOC 2.docx

Approval Signatures

Step Description	Approver	Date
Clinical Review Committee	Marlena Hampton: Director of Utilization Management	Pending
Clinical Review Committee	Stacey Sharp: Associate Vice President of Clinical Operatio	08/2025
Clinical Review Committee	Cassandra Phipps: Director of Childrens Initiatives	07/2025
Clinical Review Committee	Jacquelyn Davis: Associate Vice President - Access and Strateg	07/2025
Clinical Review Committee	Ryan Morgan: Director of Residential Services	07/2025
Clinical Review Committee	Matthew Yascolt: Interim Director of Substance Use Disorder	07/2025
Clinical Review Committee	Daniel West: Director of Crisis Services	07/2025
Clinical Review Committee	Shama Faheem: Chief Medical Officer	07/2025
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	07/2025
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	07/2025
Clinical Review Committee	Melissa Moody: Vice President Of Clinical Operations	07/2025
Clinical Review Committee	April Siebert: Director of Quality Improvement	07/2025
NCQA Committee	Margaret Keyes-Howard: Customer Service Engagement Manager	07/2025

NCQA Committee	Tania Greason: Quality Administrator	07/2025
NCQA Committee	Allison Smith: Director of Strategic Operations	07/2025
NCQA Committee	Justin Zeller: Project Manager	07/2025
Clinical Officer	Marianne Lyons: Director of Adult Initiatives	07/2025
Unit Approval	Marianne Lyons: Director of Adult Initiatives	07/2025

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document